

FLS 03 1298

1. CIR./DIST./DIV. CODE FLS		2. PERSON REPRESENTED Hernandez, Ariel		VOUCHER NUMBER				
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 0:00-006273-004		5. APPEALS DKT./DEF. NUMBER				
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. Trentacosta, et a		8. TYPE PERSON REPRESENTED Adult Defendant				
9. REPRESENTATION TYPE Other - Limited Remand		10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1962-5800.F -- RICO - COUNTERFEITING						
11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS  Weinkle, Jeffrey D. 1035 NW 11 Avenue Miami FL 33136-2911  Telephone Number: (305) 373-4445		12. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ (A) Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications required by law, is appointed to represent this person in this case. (B) The attorney named in Item 11 is appointed to serve as: <input type="checkbox"/> LEAD COUNSEL <input type="checkbox"/> CO-COUNSEL Name of Co-Counsel or Lead Counsel: _____ Appointment Date: _____ (C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead counsel or co-counsel). <input type="checkbox"/> (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order. Signature of Presiding Judicial Officer or By Order of the Court: _____ Date of Order: 07/23/2003      August 5, 2003 (E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO						
13. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) Jeffrey D. Weinkle, PA 1035 NW 11 Avenue Miami FL 33136-2911								
14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.								
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> <b>CAPITAL PROSECUTION</b>            a. <input type="checkbox"/> Pre-Trial      c. <input type="checkbox"/> Appeal            b. <input type="checkbox"/> Trial      d. <input type="checkbox"/> Petition for the U.S. Supreme Court            e. <input type="checkbox"/> Sentencing      f. <input type="checkbox"/> Writ of Certiorari            g. <input checked="" type="checkbox"/> Other Post Trial         </td> <td style="vertical-align: top;"> <b>HABEAS CORPUS</b>            h. <input type="checkbox"/> Habeas Petition      k. <input type="checkbox"/> Petition for the U.S. Supreme Court            i. <input type="checkbox"/> Evidentiary Hearing      l. <input type="checkbox"/> Dispositive Motions            j. <input type="checkbox"/> Writ of Certiorari      m. <input type="checkbox"/> Appeal         </td> <td style="vertical-align: top;"> <b>OTHER PROCEEDING</b>            n. <input type="checkbox"/> Stay of Execution            o. <input type="checkbox"/> Appeal of Denial of Stay            p. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay            q. <input type="checkbox"/> Other         </td> </tr> </table>						<b>CAPITAL PROSECUTION</b> a. <input type="checkbox"/> Pre-Trial      c. <input type="checkbox"/> Appeal b. <input type="checkbox"/> Trial      d. <input type="checkbox"/> Petition for the U.S. Supreme Court e. <input type="checkbox"/> Sentencing      f. <input type="checkbox"/> Writ of Certiorari g. <input checked="" type="checkbox"/> Other Post Trial	<b>HABEAS CORPUS</b> h. <input type="checkbox"/> Habeas Petition      k. <input type="checkbox"/> Petition for the U.S. Supreme Court i. <input type="checkbox"/> Evidentiary Hearing      l. <input type="checkbox"/> Dispositive Motions j. <input type="checkbox"/> Writ of Certiorari      m. <input type="checkbox"/> Appeal	<b>OTHER PROCEEDING</b> n. <input type="checkbox"/> Stay of Execution o. <input type="checkbox"/> Appeal of Denial of Stay p. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay q. <input type="checkbox"/> Other
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15. CATEGORIES (Attach itemization of services with dates)								
a. In-Court Hearings (Rate per Hour = \$ )		HOURS CLAIMED		TOTAL AMOUNT CLAIMED				
b. Interviews and Conferences with Client								
c. Witness Interviews								
d. Consultation with Investigators and Experts								
e. Obtaining and Reviewing the Court Record								
f. Obtaining and Reviewing Documents and Evidence								
g. Consulting with Expert Counsel								
h. Legal Research and Writing								
i. Travel								
j. Other (Specify on additional sheets)								
Totals: Categories b thru j (Rate per hour = \$ )								
16. Travel Expenses (lodging, parking, meals, mileage, etc.)								
17. Other Expenses (other than expert, transcripts, etc.)								
18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		20. CASE DISPOSITION				
21. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____								
22. IN COURT COMP.		23. OUT OF COURT COMP.		24. TRAVEL EXPENSES				
25. OTHER EXPENSES		26. TOTAL AMT. APPROVED						
27. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER		DATE		27a. JUDGE CODE				

FILED by WJ D.C.

AUG 05 2003

CLARENCE MADDOX  
CLERK U.S. DIST. CT.  
S. D. OF FLA.

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